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**FACSIMILE TRANSMISSION COVER SHEET**

Date: September 8, 2010

To: United States Patent and Trademark Office  
Examiner: Montoya, Oschta; Art Unit: 2421

Fax: (571) 273-8300

Re: **Application Serial No.: 10/632,003**  
Filing Date: 7/30/2003; First-Named Inventor: Watson  
Attorney Docket No.: 0260256

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 16

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated June 8, 2010.

Authorization is hereby given to the Director to charge any fees associated with this communication or credit any overpayment to Deposit Account 50-0731.

Thank you.

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Attorney Docket No.: 0260256

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Watson, et al.SERIAL NO.: 10/632,003 FILED: 7/30/2003FOR: System for the Delivery and Dynamic Presentation of Large Media Assets over Bandwidth Constrained NetworksHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.  
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

TOTAL EXTENSION FEE \$ 0.00  
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **	* = 0	x 52	x 26	\$
INDEPENDENT		MINUS **	* = 0	x 220	x 110	\$

First presentation of multiple dependent claim

			+ 390	+ 195	\$
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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0260256

Total fee for Supplemental Information Disclosure Statement \$

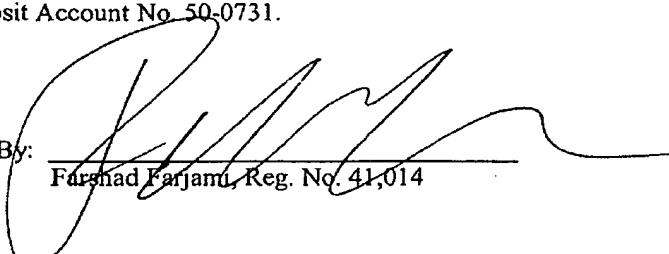
Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$ 0.00

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date: 9/8/10

By:

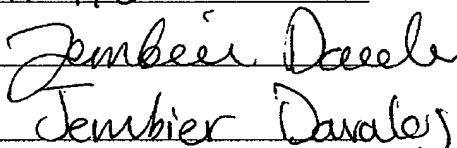
  
Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

9/8/10

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Signature

  
Jennifer Darsel

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CERTIFICATE OF MAILING

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